



Promise of Resiliency— Building it, step by step

Resiliency or “bouncing back or rather forward” is a promise of overcoming the odds for many children with disabilities. Resiliency is also a tool of hope and optimism. Resiliency is rebounding in a forward way, stretching and flexing in response to the pressures and strains of life. We would suggest this life force is inherent in all living things. Like many personal traits, resiliency gains effects from genetics, development, history, family culture, context and environment. Health outcomes such as physical, mental and social well-being are linked with resiliency processes. The following pathways to these healthy outcomes propose resources which can be changed and built upon using family relationships and communication. The telling of life stories can renew values, beliefs and meanings making us stronger to both survive and thrive.

Understanding Heartfelt Conversations

Much of communication begins in the heart. The first meeting with our client-family is the core of our assessment process. All things we might do to help in the future are dependent on how we first come together and communicate. What we say is tempered by how we greet each other and how we engage in communicating moves of eyes, face, tone of voice and gestures.

We believe we’ve captured the dozen or so elements essential in getting communication started with client-families. These simple ideas are a part of our training, yet they often elude the best of us. Conversation is taken for granted, but it is difficult to say the “right” thing and to include everything you want to communicate. Unless we do this effectively, we will hardly get anywhere in voicing our preferences, needs, and goals.

The family must believe our communication to be based on unconditional regard and genuineness. Likewise, we keep in mind the contrasts between cultures and different life-ways. We seek different skills and attitudes, as well as knowledge of ways of talking and relating, while we remain aware of our beliefs and values that might develop into possible prejudice and judgment. Likely, we will need to learn first about what is going well with the family before tackling their unresolved problems. We also need to

accommodate a parent's notion of when it is appropriate to bring up their concerns. In this assessment process, we have many ways of finding out what already works well for the family.

It is important for us to learn what we need to do as helpers for the family.

This is the first step in building resiliency in clients.

Sharing Mindful Talk

After our initial assessment meeting, we focus on engaging in meaningful conversations. Our goal is to find ways of "hearing what is said" and confirming what we "see" in exchanging information. If new ideas can flow between both parties, they may be shared with others as well. We begin our analysis by focusing on several areas in the ecology and experience of child and family in school, the neighborhood and community. These can include the existing medical realities and how the family interacts with wider social, economic, political and cultural realities.

Initially, we began by using a crib sheet so we wouldn't omit any of the eight bio-psychosocial and cultural points of view. Now we can incorporate these points of view easily and routinely. Noting the way the problem stands in relation to many other variables assists in thinking in novel ways that are more holistic and constructive. We are much

more likely to arrive at mutually satisfactory solutions with parents over their child's problem rather than merely suggest single causes and over-simplified answers or just telling families "what to do." Ultimately, our goal is a "goodness-of-fit" or high degree of matching temperaments between the child and the social expectations of his/her environment. As well we attempt to match our selves with the words we use with parents ideas and solutions The "bio-psycho-social-cultural structures" are realigned for the child and positive outcomes prevail.

A "unique outcome" from these eight levels of transactions would accurately assess the level of the child's experience. Each level of transaction is built upon the previous one, starting with the most elemental: **bio-physical constructions**, such as bodily physiology affecting vitality, sleep, toileting and eating as well as obtaining concrete assistance and instrumental needs. The next level involves constitutional temperament features influenced by **modulating sensory sensitivities and movement**. Before organizing **mental abilities and symbols**, important **attachment** and **two-way contingent emotional communication** are prerequisites for resiliency. Further and higher levels include impacts of **telling family stories to create a family history**, stimulation by **complexities of school social and learning experiences**, and the **cultural community**. These steps can further emotional, cognitive and identity development into formal and systemic proportions. Accurately assessing a child's level allows interventions that support a personalized plan to gain higher levels of development.

This section reveals for us the balance of risks and child-protection factors at each level or domain of experience from which alternative stories can be drawn. Consider how much more important the stories from the child and family's experiences are than the simplified labels or descriptions used by professionals, which can overwhelm an individual in their ability to act on their own stories. A diagnosis is helpful but insufficient to answer all questions about a person's identity, relationships and life experiences. Sometimes a "family experience diagnosis" is all that's needed for a general understanding of conditions without compromising an individual's preferences and choices that could be oppressed by a DSM 1V diagnosis.

This is our second building block of resiliency.

We Look for Connections — Taking Action Together

Figuratively speaking, the heart and mind are linked by the body. Similarly, concerned helpers must bring the heart and mind together within a system. Such partnerships can then broker solutions for the benefit of special-needs patients with complex problems. This "opening of opportunities" helps join families and



offers the community for helping find solutions to all heart, mind, and body difficulties. Community links can be found on the Other Resources menu.

Like the body having many organs and systems, the team's goal is to join family members into one working system. This care system is formed from a team of helpers. This team can be created from within the family, extended family, and outside the family. This network can include friends, pastors, bishops, mentors, teachers, and helpers from social service agencies. Two or more people working together enable family members to connect and take powerful actions. The two-way communication process in teamwork not only strengthens and builds resiliency, but provides a sense of direction.

Helping teams can offer some instructive feedback in honest, non-confrontational ways. We have found that when a group acts as a positive witness, a positive outcome often follows. This occurs when a family tells stories about how they survived tough times and bounced back through their mutual resiliency. The team can act as a mirror, with gentle queries about discrepancies between family goals and their current realities. See [Guide to Conferencing Handout](#).

Another purpose in gathering people together is to help the family formulate its needs and goals and possibly to construct a Family Health Plan. This mutually devised plan contains co-constructed goals. These goals are organized and prioritized into a systematic strategy. This concrete assistance to families maximizes child-environment transactions or positive matching of the child with the environment. It provides support and learning opportunities from which parents later solve many more problems for themselves. Parents and children are given the tasks:

- Choosing the goals they want.
- Talking about making use of their anticipated gains.
- Making contact with instrumental people.
- Feedback emphasizes the parents' volition and agency.

In this connective tissue of body, heart, and mind, resilience is born

Narrative Tools for Building Adaptive Identities

After heart, mind and body connections, we seek to include the spirit of person's and families lived past. This can be sourced from the meanings, values and purposes we gain from life's experiences—disabilities and all. Here, we ask, "Why?" "What is the significance?" "What difference does this problem/solution make for you now?" "How do you make sense of what happened?" We believe a child and family's relating to their own significant experiences is healthful and restorative and that this is the place from which new beliefs about one's sense of self may be appreciated and esteemed. When the child and family arrive at their own motivating and influencing factors, we have the narrative gist—our "*holy grail*"—from which a description of themselves has been achieved. This personal theme threads through stories of hardship, of recovery or improvement, and a how greater family identity has been achieved. A client's expression of these ideas may not need to be verbal or written, but may include multiple forms of movement, dance, sports, art, music and other non-verbal ways to communicate. These forms of communication express character, hold identity, bring to light new beliefs - compelling a client's resilient internal flow.

We have formulated several sequences for helping to edit, store, and retell the narratives originating from the ecology of child, family, school and the cultural community which describe how wishes, wants, and needs can be met. Latent protective factors and examples countering the "problem" are brought forth from multiple contexts. Both internal and external human resources begin to be built with stories reflecting the formation of **safety and protective boundaries**, where other stories of feeling **a sense of belonging** can be achieved. Through stories where **finding a voice** and having it **acknowledged and validated**, individuals and families gain resilience. Further, through **reflective and relational capacities**, enriched anecdotal experiences (the stories told) promote increased **sense of meaningful understandings** and embodies these unlimited multi-stories which ultimately defines a child's **multiple identities**.

This particular opportunity fosters new perspective of how individuals fit in relation to the deficits, disabilities and misfortunes people encounter on one hand and opportunities, generative lived experiences and their retellings on the other while children become the stories they live energizing and activating resilient pathways.